

# State of New Hampshire

Filing fee: \$50.00  
Fee for Form SRA: \$50.00  
Total fees \$100.00  
Use black print or type.

Form LLC-1  
RSA 304-C:31

## CERTIFICATE OF FORMATION NEW HAMPSHIRE LIMITED LIABILITY COMPANY

THE UNDERSIGNED, under the New Hampshire Limited Liability Company Laws submits the following certificate of formation:

FIRST: The name of the limited liability company is Twin State Sun, LLC

SECOND: The nature of the primary business or purposes are financing agent between lenders and purchasers of solar electricity products

THIRD: The name of the limited liability company's registered agent is Michael B. Fisher, Esq.

and the **street address**, town/city (including zip code and post office box, if any) of its registered office is (agent's business address) Fisher Law Offices, PLLC, 35 South Main Street, Hanover, NH 03755

FOURTH: The latest date on which the limited liability company is to dissolve is None

FIFTH: The management of the limited liability company is vested in a manager or managers.

SIXTH: The sale or offer for sale of any ownership interests in this business will comply with the requirements of the New Hampshire Uniform Securities Act (RSA 421-B).

\*Signature: 

Print or type name: William Woods

Title: Manager  
(Enter "manager" or "member")

Date signed: January 23, 2014

To receive your ANNUAL REPORT REMINDER NOTICE by email, please enter your email address here:  
fisher@mbfisherlaw.com

\*Must be signed by a member of the company.  
State of New Hampshire  
Form LLC 1 - Certificate of Formation 2 Page(s)



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signed by a member.  
This document will become public records and will be available for

to: Corporation Division, Department of State, 107  
1: 25 Capitol Street, 3<sup>rd</sup> Floor, Concord, NH 03301.

**Form SRA – Addendum to Business Organization and Registration Forms  
Statement of Compliance with New Hampshire Securities Laws**

**Part I – Business Identification and Contact Information**

Business Name: Twin State Sun, LLC

Business Address (include city, state, zip): 101 Murrey Pond, P.O. Box 1855, New London, NH 03257

Telephone Number: (603) 304-5035 E-mail: twinstatesun@gmail.com

Contact Person: William (Bill) Woods

Contact Person Address (if different): \_\_\_\_\_

**Part II – Check ONE of the following items in Part II.** If more than one item is checked, the form will be rejected. [PLEASE NOTE: Most small businesses registering in New Hampshire qualify for the exemption in Part II, Item 1 below. **However**, you must insure that your business meets all of the requirements spelled out in A), B), and C)]:

1. ☒ Ownership interests in this business are exempt from the registration requirements of the state of New Hampshire because the business meets ALL of the following three requirements:
  - A) This business has **10 or fewer owners**; and
  - B) Advertising **relating to the sale of ownership interests** has not been circulated; and
  - C) Sales of ownership interests – if any – will be **completed within 60 days** of the formation of this business.
2. \_\_\_\_\_ This business will offer securities in New Hampshire under another exemption from registration or will notice file for federal covered securities. Enter the citation for the exemption or notice filing claimed - \_\_\_\_\_.
3. \_\_\_\_\_ This business has registered or will register its securities for sale in New Hampshire. Enter the date the registration statement was or will be filed with the Bureau of Securities Regulation - \_\_\_\_\_.
4. \_\_\_\_\_ This business was formed in a state other than New Hampshire and will not offer or sell securities in New Hampshire.

**Part III – Check ONE of the following items in Part III:**

1. \_\_\_\_\_ This business **is not being** formed in New Hampshire.
2. ☒ This business **is** being formed in New Hampshire and the registration document states that any sale or offer for sale of ownership interests in the business will comply with the requirements of the New Hampshire Uniform Securities Act.

**Part IV – Certification of Accuracy**

(NOTE: The information in Part IV must be certified by: 1) all of the incorporators of a corporation to be formed; or 2) an executive officer of an existing corporation; or 3) all of the general partners or intended general partners of a limited partnership; or 4) one or more authorized members or managers of a limited liability company; or 5) one or more authorized partners of a registered limited liability partnership or foreign registered limited liability partnership.)

I (We) certify that the information provided in this form is true and complete. (Original signatures ~~only~~)

Name (print): William Woods, Manager Signature: \_\_\_\_\_

Date signed: January 23, 2014

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_